

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/511675

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED AFTER
1st AMENDMENT AFTER
2nd AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

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TOTAL IND.		2			
TOTAL DEP.					
TOTAL CLAIMS		2			

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TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS